REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Non-Judicial Election

DECEUVE	
JAN 3 1 2011	
Secretary of State	

Address P.O. Box 42, Mt. Olive, MS 39119

Capitol Office

Telephone 601-797-4919 Fax 601-797-4919

DATESTAMP

Contact Name Joe Warren

Email_jwarren@house.ms.gov

Office Sought State Representative Political Party Democrat

Name of Candidate Joe (J.L.) Warren

Check here if above is different from previous report

TYPE OF REPORT

	May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)	Mandatory
	June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)	Runoff Candidates
	October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)	All Candidates
	November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	Runoff Candidates
Х	January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)	All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a hollday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemi	zed = This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$ 5,500.00	\$ 5,500.00
Total amount of disbursements	\$ +\$	\$ 0	\$ 0
Total amount of cash on hand		\$ 5,500.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

2 CJ.L.7 Waren Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutti-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Joe (J.L.) Warren

Reporting period 1-1-2010

through 12-31-2010 ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify) Company	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grand Trunk Western Railroad Co.	1 / 7 / 10	\$ 250.00
Mailing Address 2800 Livernois, Suite 300 P.O. Box 5025		\$
City, State, Zip Code	1 1	\$
Troy, Michigan 48007-5025 Name of Employer (Required)		\$
Serge Thurand		
Occupation (Required)	Aggregate year-to-date	\$250.00
B. Source: □ Corporation □ PAC X Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1-/-29/10	\$1,000.00
Rob or Pam Wells Mailing Address	1=1.23.19	\$
226 Westfield Road		1000
City, State, Zip Code Ridgeland, MS 39157	11	\$
Name of Employer (Required)		\$
Rob Wells Occupation (Required)	Aggregate	\$
individual	year-to-date	1,000.00
C. Source: □ Corporation X PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 /18 / 10	\$ 500.00
Mae-Pac Mailing Address	1 1	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: □ Corporation □ X PAC □ Individual □ Loan	Date	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Full name Mississippi Dental Political Action Comm.	8/20/10	\$ 500.00
Mailing Address		\$
2630 Ridgewood Road, Suite C City, State, Zip Code	11	\$
Jackson, mS 39216-4920 Name of Employer (Required)	1 1	s
W. Craig Martin, D.M.D. Occupation (Required)	Aggregate	\$
Dentist	year-to-date	500.00

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Name of Candidate or Committee <u>Joe (J.L.) Warren</u>

Reporting period 1-1-10 through 12-31-10

through 12-31-10 ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify) Company	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 /27 / 10	\$250.00
BNSF Railroad Company Mailing Address	1 1	\$
3258 East Chestnut Expressway City, State, Zip Code		\$
Springfield, MO 65802-2540 Name of Employer (Required)	1 1	\$
Roger W. Howard Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan Other (please specify) Company	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 /16 / 10	\$500.00
Chevron Products Company Mailing Address	2/10/10	\$
P.O. Box 1300		
City, State, Zip Code		\$
Pascagoula, MS 39568 Name of Employer (Required)	1 1	\$
R. Stephen Renfoe Occupation (Required) Manager, Mississippi	Aggregate year-to-date	\$ 500.00
C. Source: Corporation X PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10-/6 / 10	\$ 500.00
AT&T MS Political Action Committee Mailing Address	1 1	\$
175 East Capitol Street City, State, Zip Code		\$
Jackson, MS 39201-2135 Name of Employer (Required)		s
Randy Russell		•
Occupation (Required) Employee	Aggregate year-to-date	\$ 500.00
D. Source: Corporation D PAC Individual D Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10/12/ 10	
Altria Client Services, INC. Mailing Address		\$ 500.00
333 N. Point Center E.		O ♥ 8
City, State, Zip Code Alpharetta. GA 30022		\$
Name of Employer (Required)	1 1	\$
Sean M. Collins Occupation (Required) State Government Affairs	Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee <u>Joe (J.L.) Warren</u>

Reporting period______throu

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify) Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Community Services Association of America	10/18/10	\$ 500.00
Mailing Address 135 North Church Street		\$
City, State, Zip Code	1 1	\$
Spartanburg, SC 29306 Name of Employer (Required)	1 1	\$
Carol A. Stewart Occupation (Required)	Aggregate	\$ 500.00
Senior Vic-President B. Source: Corporation X PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	12/21/10	\$1,000.00
Capitol Advocacy Group, PAC Mailing Address	1 1	\$
625 North State Street, Suite 201 City, State, Zip Code		\$
Jackson, mS 39205-0217 Name of Employer (Required)	1 1 1	\$
Beth C. Clay Occupation (Required)	Aggregate	\$
Owner and Lobbyist	year-to-date	1,000.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Deloan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name		\$
failing Address		\$
ity, State, Zip Code		\$
lame of Employer (Required)		\$
occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee <u>Joe (J.L.)Warren</u>

Reporting period <u>1-1-10</u> through <u>12-31-10</u>

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		\$ NONE	
City, State, Zip Code	_/_/_	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S	
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		S	
City, State, Zip Code	_/_/_	5	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		S	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		s	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	tt_	s	
City, State, Zip Code	_/_/_	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		s	
City, State, Zip Code	_/_/_	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S	